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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	1/1377
	First Named Inventor	Uwe RIES
	COMPLETE IF KNOWN	
	Application Number	10 / 624,025
	Filing Date	July 21, 2003
	Group Art Unit	1614
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel substituted benzoic acid amides, their preparation and their use as pharmaceutical compositions

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **07/21/2003** as United States Application Number or PCT International Application Number **10/624,025** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 102 34 058.7	Germany	07/26/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

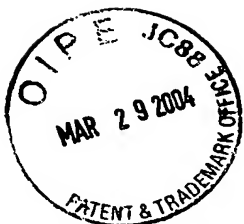
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/404,434	08/19/2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 28501 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Uwe		RIES	
Inventor's Signature	Date		03/09/04
Residence: City	Biberach	State	Country Germany
Post Office Address	Tannenstrasse 31		
Post Office Address			
City	Biberach	State	ZIP 88400
Country	Germany		

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Henning		PRIEPKE	
Inventor's Signature <i>H. Henning</i>		Date <i>03/10/2004</i>	
Residence: City Warthausen	State	Country Germany	Citizenship DE
Mailing Address Birkenharderstrasse 11			
Mailing Address			
City Warthausen	State	ZIP 88447	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Wolfgang		WIENEN	
Inventor's Signature <i>Wolfgang Wienen</i>		Date <i>03/16/2004</i>	
Residence: City Biberach/Rissegg	State	Country Germany	Citizenship DE
Mailing Address Kirschenweg 27			
Mailing Address			
City Biberach/Rissegg	State	ZIP 88400	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Herbert		NAR	
Inventor's Signature <i>Herbert Nar</i>		Date <i>03/11/2004</i>	
Residence: City Ochsenhausen	State	Country Germany	Citizenship DE
Mailing Address Hexenweg 19			
Mailing Address			
City Ochsenhausen	State	ZIP 88416	Country Germany

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Case No. 1/1377

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sandra		HANDSCHUH	
Inventor's Signature <i>Sandra Handschuh</i>		Date <i>03/10/2004</i>	
Residence: City	Biberach	State	Country Germany
Mailing Address		Citizenship DE	
Schustergasse 3			
Mailing Address			
City	Biberach	State	ZIP 88400
Country Germany			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	ZIP
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